CHAPTER - V

Summary and Conclusion
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The administration of DAS on a sample of cancer patients leads to some important conclusions especially from the standpoint of further researches and investigations. The conclusions given below would highlight how the findings open up avenues for further investigations.

1. The factor of age tends to interact with which is more pronounced in the younger subjects. We may safely assume that there is probably a factor of "death expectancy" in relation to age, where death expectancy is a low in younger people and high in the older. Hence it may be assumed that death anxiety bears a relationship with death expectancy, and age and health may stand as significant variables in this regard.

2. Subjects in the stage of early malignancy express higher DA which may be assigned to the stock arising out of the first exposure to cancer.

3. The conclusions arising out of the qualitative analysis are no
less important than the ones drawn from the quantitative analysis.

4. Death anxiety does accompany meaninglessness in the majority of cases. In those rare cases where the patient clings to meaning death itself turns to be meaningful. And this happens in the case of sophisticated minds.

An inquiry into the meaningfulness and meaninglessness of death in relation to DA may therefore be of tremendous significance for the purpose of deeper understanding.

5. Similarly, the complicated subjective picture which exists in relation to the factor of hope and despondency in early and advanced stages is noticeably interesting. What accentuates hope and despondency must be seen in relation to the total personality background and the particular stage of malignancy.

6. As regards patients' attitude toward illness there is sufficient evidence to believe that intangible factors such as belief system acts a determinant of such attitudes. Worrying more or less about the disease has also lot to do with such material factors as
financial condition, the question of survivors etc.

7. Concerning patients' reactions toward family, the subjective factors have a twofold channeling which is of an interacting nature. This channeling comes from in feelings arising in the mind of patient and those existing in minds of family members. The situation comprises of the interaction of these two feelings. It is worthwhile to investigate these feelings in relation to the satisfaction and happiness one derives from them during the stages of early and late malignancy.

8. Lastly, of course, the factors of early and advanced malignancy are significant in relation to all those subjective aspects which can be brought under the purview of investigations. Perhaps the most significant thing is the attitude of reconciliation toward death. As one gets used to having a cancer the attitude toward death gets a marked change. But the question is - who reconciles with death. This question requires a full-fledged inquiry in its own right. Hence, while reiterating the concluding words of the last Chapter
in the following. The investigator suggests that a full-fledged qualitative research is required for improving our understanding of the reactions of cancer patients toward life and the external reality because present investigator has already observed that "there is reconciliation with death, great despondency and an accentuated feeling of meaninglessness in life. It may be that as we have realization about life, as we live through it, we also have realization concerning death when it really approaches - may be, we take to despondency, meaninglessness and frustration more realistically - perhaps more assiduously."